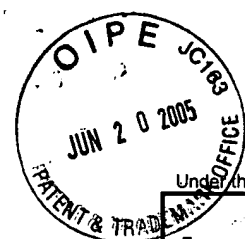


TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	10/717,857
		Filing Date	November 19, 2003
		First Named Inventor	David Khoury
		Art Unit	1732
		Examiner Name	Angela Ortiz
Total Number of Pages in This Submission	19	Attorney Docket Number	718395.55

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below); return postcard
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks:	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Blackwell Sanders Peper Martin, LLP	
Signature		
Printed Name	Robert J. Lewis	
Date	6/20/05	Reg. No. 27,210

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as Express Mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. Express Mail Label No.: EV554056267US			
Signature			
Typed or printed name	Karen Dodson	Date	6/20/05

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PTO/SB/17 (12-04)

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FEE TRANSMITTAL For FY 2005		Complete if Known		
		Application Number	10/717,857	
		Filing Date	November 19, 2003	
		First Named Inventor	David Khoury	
		Examiner Name	Angela Ortiz	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	1732	
TOTAL AMOUNT OF PAYMENT		(\$) 500.00	Attorney Docket No.	718395.55

METHOD OF PAYMENT (check all that apply)

- ☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
- ☒ Deposit Account Deposit Account Number: 11-0160 Deposit Account Name: Blackwell Sanders Peper Martin
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
- ☒ Charge any additional fee(s) or underpayments of fee(s) ☒ Credit any overpayments
under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
24	- 22 or HP = 2	50.00	100.00			
HP = highest number of total claims paid for, if greater than 20						
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
5	- 3 or HP = 2	200	400.00			
HP = highest number of independent claims paid for, if greater than 3						

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
	- 100 =	/ 50 =	(round up to a whole number) x	=

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: _____

SUBMITTED BY		
Signature	<u>Robert J. Lewis</u>	Registration No. (Attorney/Agent) <u>27,210</u>
Name (Print/Type)	<u>Robert J. Lewis</u>	Telephone <u>314-345-6000</u>
		Date <u>6/20/05</u>

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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STLD01-1173250-1

06-21-05

AP/
JW



PATENT 718395.55

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of: David Khoury

: **Reply Under 37 CFR 1.116**
:
: **Expedited Procedure**

Serial No.: 10/717,857

: Examiner: Angela Y. Ortiz

Corres. and Mail
BOX AF

Filed: November 19, 2003

: Group Art Unit: 1732

For: STOPCOCK

: Attorney Docket No.: 718395.55

: Customer No.: 027128

: Confirmation No. 5165

Last Office Action: April 18, 2005

AMENDMENT B

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Final Office Action mailed April 18, 2005, please amend the above-identified application pursuant to 37 CFR 1.116 in accordance with the amendments and remarks set forth herein.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this document.

Remarks begin on page 10 of this document.

06/22/2005 TBESHAH1 00000019 110160 10717857

01 FC:1202 100.00 DA
02 FC:1201 400.00 DA